

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		991233.52
(b) Cash on Hand at Beginning of Reporting Period.....	929547.82	
(c) Total Receipts (from Line 19)	113583.59	230609.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1043131.41	1221842.69
7. Total Disbursements (from Line 31).....	219330.20	398041.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	823801.21	823801.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1800.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	105174.25	201655.33
(ii) Unitemized	8409.34	23953.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	113583.59	225609.17
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	113583.59	225609.17
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	113583.59	230609.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	113583.59	230609.17

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	69330.20	158041.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	69330.20	158041.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	145000.00	190000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	5000.00	50000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	219330.20	398041.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	219330.20	398041.48

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	113583.59	225609.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	113583.59	225609.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	69330.20	158041.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	69330.20	158041.48

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

On schedule B supporting line 21 (b) of report, there were several itemized disbursements for which purpose/description was not reflected. This report has been amended to reflect purpose/description.
On schedule B supporting line 23 --- amendment to charitable donation entity is reflected on schedule B Line 29 instead on Line 23 (Basilica of Our Lady - \$5K)
submiitted second amended report to reflect updated beginning and ending ytd cash on hand balances.
on 09.27.2012 Input name error on contribution reflecting Demoncratic Senate Congressional Committee; should have reflected Dewhurst for Texas. the individual/organization eent are nest to each other by line item on BHFPAC listing. Input error on name.

Form/Schedule:
Transaction ID:

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Ziad Abdeen
Full Name (Last, First, Middle Initial)
Mailing Address 809-A Savannah #3

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11AI.18009

Amount of Each Receipt this Period

250.00

contribution

B. Charity Abreu
Full Name (Last, First, Middle Initial)
Mailing Address 1619 heritage lane

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11AI.17503

Amount of Each Receipt this Period

250.00

contribution

c. Charity Abreu
Full Name (Last, First, Middle Initial)
Mailing Address 1619 heritage lane

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11AI.17714

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Charity Abreu
Full Name (Last, First, Middle Initial)
Mailing Address 1619 heritage lane
City mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employee Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1500.00**

Date of Receipt **06 / 20 / 2012**
Transaction ID : SA11Al.17928
Amount of Each Receipt this Period **250.00**
contribution

B. Ricardo Abreu
Full Name (Last, First, Middle Initial)
Mailing Address 200 E. Xenops
City McAllen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer Self employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **04 / 26 / 2012**
Transaction ID : SA11Al.17504
Amount of Each Receipt this Period **150.00**
contribution

C. Ricardo Abreu
Full Name (Last, First, Middle Initial)
Mailing Address 200 E. Xenops
City McAllen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer Self employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.00**

Date of Receipt **05 / 30 / 2012**
Transaction ID : SA11Al.17715
Amount of Each Receipt this Period **150.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **550.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Ricardo Abreu		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.17929
Mailing Address 200 E. Xenops		Amount of Each Receipt this Period 150.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. Ruben Abreu		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11AI.17505
Mailing Address 104 augusta square		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Ruben Abreu		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17716
Mailing Address 104 augusta square		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Ruben Abreu		Date of Receipt MM / DD / YYYY 06 / 20 / 2012
Mailing Address 104 augusta square		Transaction ID : SA11AI.17930
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer self-employee	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Juan Aguilera		Date of Receipt MM / DD / YYYY 04 / 26 / 2012
Mailing Address 807 North Cage		Transaction ID : SA11AI.17506
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Juan Aguilera		Date of Receipt MM / DD / YYYY 05 / 30 / 2012
Mailing Address 807 North Cage		Transaction ID : SA11AI.17717
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Juan Aguilera
Full Name (Last, First, Middle Initial)

Mailing Address 807 North Cage

City Pharr State TX Zip Code 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.17931

Amount of Each Receipt this Period
 250.00
 contribution

B. Michael Alleyn
Full Name (Last, First, Middle Initial)

Mailing Address 5505 N. 4th

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17508

Amount of Each Receipt this Period
 250.00
 contribution

C. Michael Alleyn
Full Name (Last, First, Middle Initial)

Mailing Address 5505 N. 4th

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17719

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Michael Amyx		Date of Receipt
Mailing Address 2108 Mynah		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.18014
Name of Employer self-employed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation private investor		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Eduardo Aquino		Date of Receipt
Mailing Address 112 E. Xenops		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City Mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.17511
Name of Employer selfemployed		Amount of Each Receipt this Period <input type="text" value="125.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Eduardo Aquino		Date of Receipt
Mailing Address 112 E. Xenops		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.17722
Name of Employer selfemployed		Amount of Each Receipt this Period <input type="text" value="125.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="625.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Eduardo Aquino
Full Name (Last, First, Middle Initial)

Mailing Address 112 E. Xenops

City Mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18015

Amount of Each Receipt this Period
 125.00
 contribution

B. Dario Arango
Full Name (Last, First, Middle Initial)

Mailing Address 7004 N. Cynthia

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11Al.17512

Amount of Each Receipt this Period
 250.00
 contribution

C. Dario Arango
Full Name (Last, First, Middle Initial)

Mailing Address 7004 N. Cynthia

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17723

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dario Arango
 Full Name (Last, First, Middle Initial)
 Mailing Address 7004 N. Cynthia
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18016
 Amount of Each Receipt this Period
 250.00
 contribution

B. Daisy Arce
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 Bluebird
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17724
 Amount of Each Receipt this Period
 50.00
 contribution

C. Daisy Arce
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 Bluebird
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18017
 Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Felipe Avila
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 W. 20th Street
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17515
 Amount of Each Receipt this Period
 125.00
 contribution

B. Dr. Felipe Avila
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 W. 20th Street
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17726
 Amount of Each Receipt this Period
 125.00
 contribution

C. Dr. Felipe Avila
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 W. 20th Street
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18023
 Amount of Each Receipt this Period
 125.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Murphy Badiga		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11Al.17516
Mailing Address 1503 S. Airport suite 6		Amount of Each Receipt this Period 400.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) B. Murphy Badiga		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11Al.17727
Mailing Address 1503 S. Airport suite 6		Amount of Each Receipt this Period 400.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) c. Murphy Badiga		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11Al.18025
Mailing Address 1503 S. Airport suite 6		Amount of Each Receipt this Period 400.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ms Susan Bajus
Full Name (Last, First, Middle Initial)
Mailing Address 5705 North 4th

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11Al.17728

Amount of Each Receipt this Period

50.00

contribution

B. Ms Susan Bajus
Full Name (Last, First, Middle Initial)
Mailing Address 5705 North 4th

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11Al.18026

Amount of Each Receipt this Period

10.00

contribution

C. Cayetano Barrera
Full Name (Last, First, Middle Initial)
Mailing Address 501 Mockingbird Lane

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11Al.17729

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18027

Amount of Each Receipt this Period
 50.00
 contribution

Full Name (Last, First, Middle Initial)
B. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17519

Amount of Each Receipt this Period
 125.00
 contribution

Full Name (Last, First, Middle Initial)
C. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17730

Amount of Each Receipt this Period
 125.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mr. Marcos Barrera
Full Name (Last, First, Middle Initial)
Mailing Address 3000 Yellowhammer

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation private investor
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11AI.18028

Amount of Each Receipt this Period

125.00

contribution

B. Ricardo Barrera
Full Name (Last, First, Middle Initial)
Mailing Address 420 Frio

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11AI.17520

Amount of Each Receipt this Period

250.00

contribution

C. Ricardo Barrera
Full Name (Last, First, Middle Initial)
Mailing Address 420 Frio

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11AI.17731

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Ricardo Barrera		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.18029
Mailing Address 420 Frio		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Dr. Sebrahmanyan Behara		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11AI.17521
Mailing Address 121 Cardinal		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) C. Dr. Sebrahmanyan Behara		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17732
Mailing Address 121 Cardinal		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Sebrahmanyen Behara			Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.18030
Mailing Address 121 Cardinal			Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78504	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00		

Full Name (Last, First, Middle Initial) B. Juan Bernini			Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11AI.17522
Mailing Address 2804 Santa Ana			Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78574	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Juan Bernini			Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17733
Mailing Address 2804 Santa Ana			Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78574	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Juan Bernini
Full Name (Last, First, Middle Initial)

Mailing Address 2804 Santa Ana

City mission State TX Zip Code 78574

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18032

Amount of Each Receipt this Period
 250.00
 contribution

B. Sarojini Bose
Full Name (Last, First, Middle Initial)

Mailing Address 7007 N 1st Lane

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17523

Amount of Each Receipt this Period
 250.00
 contribution

C. Sarojini Bose
Full Name (Last, First, Middle Initial)

Mailing Address 7007 N 1st Lane

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17734

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Sarojini Bose
Full Name (Last, First, Middle Initial)

Mailing Address 7007 N 1st Lane

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18033

Amount of Each Receipt this Period
 250.00
 contribution

B. Francisco Bracamontes
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Cimarron Court

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17524

Amount of Each Receipt this Period
 250.00
 contribution

C. Francisco Bracamontes
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Cimarron Court

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17735

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Francisco Bracamontes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Cimarron Court
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18034
 Amount of Each Receipt this Period
 250.00
 contribution

B. Dr. Yvonne Bracamontes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Cimarron Court
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17736
 Amount of Each Receipt this Period
 50.00
 contribution

C. Dr. Yvonne Bracamontes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Cimarron Court
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18035
 Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Robert Brace			Date of Receipt
Mailing Address 2000 N. 8th Street			<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78501	Transaction ID : SA11Al.17526
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period <input type="text" value="400.00"/>		
Name of Employer self-employed	Occupation physician	contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1600.00"/>		

Full Name (Last, First, Middle Initial) B. Robert Brace			Date of Receipt
Mailing Address 2000 N. 8th Street			<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78501	Transaction ID : SA11Al.17737
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period <input type="text" value="400.00"/>		
Name of Employer self-employed	Occupation physician	contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>		

Full Name (Last, First, Middle Initial) C. Robert Brace			Date of Receipt
Mailing Address 2000 N. 8th Street			<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78501	Transaction ID : SA11Al.18036
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period <input type="text" value="400.00"/>		
Name of Employer self-employed	Occupation physician	contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2400.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Alonzo Cantu		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11AI.17529
Mailing Address P.O.Box 2673		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1600.00	
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Alonzo Cantu		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17740
Mailing Address P.O.Box 2673		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 2000.00	
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Alonzo Cantu		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.18041
Mailing Address P.O.Box 2673		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 2400.00	
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Leonel Cantu
Full Name (Last, First, Middle Initial)

Mailing Address 2102 Deborah

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17741

Amount of Each Receipt this Period
 50.00
 contribution

B. Dr. Leonel Cantu
Full Name (Last, First, Middle Initial)

Mailing Address 2102 Deborah

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18042

Amount of Each Receipt this Period
 50.00
 contribution

C. Ms Melissa Cantu
Full Name (Last, First, Middle Initial)

Mailing Address 1201 S. Gumwood

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation private investor
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17742

Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ms Melissa Cantu
Full Name (Last, First, Middle Initial)
Mailing Address 1201 S. Gumwood

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation private investor
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11Al.18045

Amount of Each Receipt this Period

50.00

contribution

B. Carlos Cardenas
Full Name (Last, First, Middle Initial)
Mailing Address 1000 N. Taylor Road

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11Al.17532

Amount of Each Receipt this Period

400.00

contribution

C. Carlos Cardenas
Full Name (Last, First, Middle Initial)
Mailing Address 1000 N. Taylor Road

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11Al.17743

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Carlos Cardenas		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.18046
Mailing Address 1000 N. Taylor Road		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 2400.00	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jose Carreras		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11AI.17533
Mailing Address 1016 E. Griffin Parkway		Amount of Each Receipt this Period 400.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1600.00	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jose Carreras		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17744
Mailing Address 1016 E. Griffin Parkway		Amount of Each Receipt this Period 400.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 2000.00	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Jose Carreras
Full Name (Last, First, Middle Initial)

Mailing Address 1016 E. Griffin Parkway

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18047

Amount of Each Receipt this Period
 400.00
 contribution

B. Marissa Castaneda
Full Name (Last, First, Middle Initial)

Mailing Address 5021 Elk Lane

City Edinburg State TX Zip Code 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17745

Amount of Each Receipt this Period
 50.00
 contribution

C. Marissa Castaneda
Full Name (Last, First, Middle Initial)

Mailing Address 5021 Elk Lane

City Edinburg State TX Zip Code 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18049

Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Augusto Castrillon
Full Name (Last, First, Middle Initial)

Mailing Address 223 Rio Grande Drive

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17535

Amount of Each Receipt this Period
 250.00
 contribution

B. Augusto Castrillon
Full Name (Last, First, Middle Initial)

Mailing Address 223 Rio Grande Drive

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17746

Amount of Each Receipt this Period
 250.00
 contribution

C. Augusto Castrillon
Full Name (Last, First, Middle Initial)

Mailing Address 223 Rio Grande Drive

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18050

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Norma Cavazos-Salas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 N. Bryan Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17536
 Amount of Each Receipt this Period
 125.00
 contribution

B. Norma Cavazos-Salas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 N. Bryan Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17747
 Amount of Each Receipt this Period
 125.00
 contribution

C. Norma Cavazos-Salas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 N. Bryan Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18051
 Amount of Each Receipt this Period
 125.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. R. Chandrarasekharan
Full Name (Last, First, Middle Initial)

Mailing Address 1210 East 8th street
suite 1

City weslaco State TX Zip Code 78591

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 26 / 2012
Transaction ID : SA11AI.17537

Amount of Each Receipt this Period
125.00
contribution

B. R. Chandrarasekharan
Full Name (Last, First, Middle Initial)

Mailing Address 1210 East 8th street
suite 1

City weslaco State TX Zip Code 78591

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
05 / 30 / 2012
Transaction ID : SA11AI.17748

Amount of Each Receipt this Period
125.00
contribution

C. R. Chandrarasekharan
Full Name (Last, First, Middle Initial)

Mailing Address 1210 East 8th street
suite 1

City weslaco State TX Zip Code 78591

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
06 / 20 / 2012
Transaction ID : SA11AI.18052

Amount of Each Receipt this Period
125.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Virah Cooper
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 South 5th Street suite 7
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11Al.17539
 Amount of Each Receipt this Period
 100.00
 contribution

B. Dr. Virah Cooper
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 South 5th Street suite 7
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17750
 Amount of Each Receipt this Period
 100.00
 contribution

C. Dr. Virah Cooper
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 South 5th Street suite 7
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18054
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Oscar Cortez		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11Al.17540
Mailing Address 4101 South Burns Drive		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr. Oscar Cortez		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11Al.17751
Mailing Address 4101 South Burns Drive		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Oscar Cortez		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11Al.18055
Mailing Address 4101 South Burns Drive		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Diana Cortinas		Date of Receipt
Mailing Address 1400 Northgate Lane		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.17541
Name of Employer self-employed		Amount of Each Receipt this Period <input type="text" value="219.06"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="757.58"/>	

Full Name (Last, First, Middle Initial) B. Diana Cortinas		Date of Receipt
Mailing Address 1400 Northgate Lane		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.17752
Name of Employer self-employed		Amount of Each Receipt this Period <input type="text" value="73.02"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="830.60"/>	

Full Name (Last, First, Middle Initial) C. Diana Cortinas		Date of Receipt
Mailing Address 1400 Northgate Lane		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.18056
Name of Employer self-employed		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1030.60"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="492.08"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Guillermo Cortinas		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11Al.17542
Mailing Address 1224 Northgate Lane		Amount of Each Receipt this Period 223.93 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 774.43	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Guillermo Cortinas		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11Al.17753
Mailing Address 1224 Northgate Lane		Amount of Each Receipt this Period 74.64 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 849.07	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Guillermo Cortinas		Date of Receipt MM / DD / YYYY 06 / 21 / 2012 Transaction ID : SA11Al.18057
Mailing Address 1224 Northgate Lane		Amount of Each Receipt this Period 50.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 899.07	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	348.57
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Javier Cortinas		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2012 Transaction ID : SA11AI.17543
Mailing Address 1400 Northgate		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Javier Cortinas		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 30 / 2012 Transaction ID : SA11AI.17754
Mailing Address 1400 Northgate		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. Javier Cortinas		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 20 / 2012 Transaction ID : SA11AI.18058
Mailing Address 1400 Northgate		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Hildegardo Costa
Full Name (Last, First, Middle Initial)
Mailing Address 129 Bluebird

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11AI.17755

Amount of Each Receipt this Period

50.00

contribution

B. Dr. Hildegardo Costa
Full Name (Last, First, Middle Initial)
Mailing Address 129 Bluebird

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11AI.18059

Amount of Each Receipt this Period

50.00

contribution

C. Dr. Edgar Cruz
Full Name (Last, First, Middle Initial)
Mailing Address 6912 N. Peking

City Mcallen	State TX	Zip Code 78501
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FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11AI.17756

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. James Darling		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11AI.17546
Mailing Address 1225 E Peking		Amount of Each Receipt this Period 150.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. James Darling		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17757
Mailing Address 1225 E Peking		Amount of Each Receipt this Period 150.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. James Darling		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.18060
Mailing Address 1225 E Peking		Amount of Each Receipt this Period 150.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. David Deanda		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11AI.17548
Mailing Address 2408 Dorado		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. David Deanda		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17759
Mailing Address 2408 Dorado		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. David Deanda		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.18062
Mailing Address 2408 Dorado		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Carlos De Juana		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11Al.17549
Mailing Address 1105 Zinnia		Amount of Each Receipt this Period 125.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Carlos De Juana		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11Al.17760
Mailing Address 1105 Zinnia		Amount of Each Receipt this Period 125.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) C. Dr. Carlos De Juana		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11Al.18063
Mailing Address 1105 Zinnia		Amount of Each Receipt this Period 125.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Andrew De La Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 South H Street
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 30 / 2012**
Transaction ID : SA11AI.17761
 Amount of Each Receipt this Period **50.00**
 contribution

B. Dr. Andrew De La Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 South H Street
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 20 / 2012**
Transaction ID : SA11AI.18064
 Amount of Each Receipt this Period **50.00**
 contribution

c. Jorge De La Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Condor
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 26 / 2012**
Transaction ID : SA11AI.17551
 Amount of Each Receipt this Period **250.00**
 contribution

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Jorge De La Garza
Full Name (Last, First, Middle Initial)

Mailing Address 120 Condor

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17762

Amount of Each Receipt this Period
 250.00
 contribution

B. Jorge De La Garza
Full Name (Last, First, Middle Initial)

Mailing Address 120 Condor

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18065

Amount of Each Receipt this Period
 250.00
 contribution

C. Luis Delgado Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 5128 N. 10th

City Mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17552

Amount of Each Receipt this Period
 150.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Luis Delgado Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 5128 N. 10th

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11AI.17763

Amount of Each Receipt this Period

250.00

contribution

B. Luis Delgado Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 5128 N. 10th

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11AI.18067

Amount of Each Receipt this Period

250.00

contribution

C. Alberto Duran
Full Name (Last, First, Middle Initial)
Mailing Address 1615 Palazzo

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11AI.17554

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Alberto Duran		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17765
Mailing Address 1615 Palazzo		Amount of Each Receipt this Period 400.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Alberto Duran		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.18069
Mailing Address 1615 Palazzo		Amount of Each Receipt this Period 400.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

Full Name (Last, First, Middle Initial) C. Kotthegal Eshwar		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17767
Mailing Address 108 Yellow Hammer		Amount of Each Receipt this Period 50.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Koththegal Eshwar
Full Name (Last, First, Middle Initial)
Mailing Address 108 Yellow Hammer
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 20 / 2012
Transaction ID : SA11AI.18071
Amount of Each Receipt this Period 50.00
contribution

B. Antonio Esparza
Full Name (Last, First, Middle Initial)
Mailing Address 136 W. Yucca
City mcallent State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 26 / 2012
Transaction ID : SA11AI.17557
Amount of Each Receipt this Period 250.00
contribution

C. Antonio Esparza
Full Name (Last, First, Middle Initial)
Mailing Address 136 W. Yucca
City mcallent State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 30 / 2012
Transaction ID : SA11AI.17768
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Antonio Esparza

Mailing Address 136 W. Yucca

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2012
Transaction ID : SA11AI.18072

Amount of Each Receipt this Period
250.00
contribution

Full Name (Last, First, Middle Initial)
B. Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2012
Transaction ID : SA11AI.17558

Amount of Each Receipt this Period
250.00
contribution

Full Name (Last, First, Middle Initial)
C. Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2012
Transaction ID : SA11AI.17769

Amount of Each Receipt this Period
250.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Maria Elena Falcon
Full Name (Last, First, Middle Initial)

Mailing Address 2212 Westway

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18074

Amount of Each Receipt this Period
 250.00
 contribution

B. Alberto Felici
Full Name (Last, First, Middle Initial)

Mailing Address 2309 W. Greenbriar Square

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11Al.17559

Amount of Each Receipt this Period
 100.00
 contribution

C. Alberto Felici
Full Name (Last, First, Middle Initial)

Mailing Address 2309 W. Greenbriar Square

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17770

Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Alberto Felici
Full Name (Last, First, Middle Initial)

Mailing Address 2309 W. Greenbriar Square

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 664.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : SA11AI.18075

Amount of Each Receipt this Period
 164.65

contribution

B. Marco Flores
Full Name (Last, First, Middle Initial)

Mailing Address 320 Primrose

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012

Transaction ID : SA11AI.17560

Amount of Each Receipt this Period
 250.00

contribution

C. Marco Flores
Full Name (Last, First, Middle Initial)

Mailing Address 320 Primrose

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1247.61

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012

Transaction ID : SA11AI.17771

Amount of Each Receipt this Period
 247.61

contribution

SUBTOTAL of Receipts This Page (optional).....▶	662.26
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1497.61

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18076

Amount of Each Receipt this Period

 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17773

Amount of Each Receipt this Period

 50.00
 contribution

Full Name (Last, First, Middle Initial)
C. Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18079

Amount of Each Receipt this Period

 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶
 350.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Eugenio Galindo		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11AI.17563
Mailing Address 5936 N. Cynthia		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) B. Eugenio Galindo		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17774
Mailing Address 5936 N. Cynthia		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Eugenio Galindo		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.18080
Mailing Address 5936 N. Cynthia		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Elvin Garcia		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11AI.17564
Mailing Address 2800 Santa Teresa		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Elvin Garcia		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17775
Mailing Address 2800 Santa Teresa		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. Elvin Garcia		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.18081
Mailing Address 2800 Santa Teresa		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Hiram Garcia
Full Name (Last, First, Middle Initial)
Mailing Address 2712 E Mile 5 Road

City Mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11Al.17565

Amount of Each Receipt this Period

250.00

contribution

B. Hiram Garcia
Full Name (Last, First, Middle Initial)
Mailing Address 2712 E Mile 5 Road

City Mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11Al.17776

Amount of Each Receipt this Period

250.00

contribution

C. Hiram Garcia
Full Name (Last, First, Middle Initial)
Mailing Address 2712 E Mile 5 Road

City Mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11Al.18082

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Oscar Garcia		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11AI.17567
Mailing Address 1717 Palazzo		Amount of Each Receipt this Period 40.00 contribution
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1240.00
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Oscar Garcia		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17778
Mailing Address 1717 Palazzo		Amount of Each Receipt this Period 400.00 contribution
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1640.00
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Oscar Garcia		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.18084
Mailing Address 1717 Palazzo		Amount of Each Receipt this Period 400.00 contribution
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2040.00
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	840.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Carlos Garcia-Cantu		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11AI.17568
Mailing Address 4121 N. 10th #240		Amount of Each Receipt this Period 200.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Carlos Garcia-Cantu		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17779
Mailing Address 4121 N. 10th #240		Amount of Each Receipt this Period 200.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Carlos Garcia-Cantu		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.18085
Mailing Address 4121 N. 10th #240		Amount of Each Receipt this Period 200.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 1200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. James Garza
Full Name (Last, First, Middle Initial)
Mailing Address 2821 Lakeshore Drive

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer
self-employed
Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11Al.17570

Amount of Each Receipt this Period

400.00

contribution

B. Dr. James Garza
Full Name (Last, First, Middle Initial)
Mailing Address 2821 Lakeshore Drive

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer
self-employed
Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11Al.17781

Amount of Each Receipt this Period

400.00

contribution

C. Dr. James Garza
Full Name (Last, First, Middle Initial)
Mailing Address 2821 Lakeshore Drive

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer
self-employed
Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11Al.18092

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Rene Garza
Full Name (Last, First, Middle Initial)
Mailing Address 5404 N. 1st street

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2012

Transaction ID : SA11Al.17571

Amount of Each Receipt this Period

250.00

contribution

B. Rene Garza
Full Name (Last, First, Middle Initial)
Mailing Address 5404 N. 1st street

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2012

Transaction ID : SA11Al.17782

Amount of Each Receipt this Period

250.00

contribution

C. Rene Garza
Full Name (Last, First, Middle Initial)
Mailing Address 5404 N. 1st street

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2012

Transaction ID : SA11Al.18093

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Ayda Garza-Montalvo

Full Name (Last, First, Middle Initial)
Mailing Address 2311 Silvarado North

City Palmhurst	State TX	Zip Code 78539
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation self-employee physician
----------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2012

Transaction ID : SA11Al.17572

Amount of Each Receipt this Period

125.00

contribution

B. Dr. Ayda Garza-Montalvo

Full Name (Last, First, Middle Initial)
Mailing Address 2311 Silvarado North

City Palmhurst	State TX	Zip Code 78539
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation self-employee physician
----------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2012

Transaction ID : SA11Al.17783

Amount of Each Receipt this Period

125.00

contribution

C. Dr. Ayda Garza-Montalvo

Full Name (Last, First, Middle Initial)
Mailing Address 2311 Silvarado North

City Palmhurst	State TX	Zip Code 78539
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation self-employee physician
----------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2012

Transaction ID : SA11Al.18094

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Lawrence Gelman
Full Name (Last, First, Middle Initial)
Mailing Address 3900 Sundown Drive

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11Al.17573

Amount of Each Receipt this Period

400.00

contribution

B. Lawrence Gelman
Full Name (Last, First, Middle Initial)
Mailing Address 3900 Sundown Drive

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11Al.17784

Amount of Each Receipt this Period

400.00

contribution

C. Lawrence Gelman
Full Name (Last, First, Middle Initial)
Mailing Address 3900 Sundown Drive

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11Al.18096

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Sathiyaraj George
Full Name (Last, First, Middle Initial)

Mailing Address 2607 Solera

City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : SA11AI.18097

Amount of Each Receipt this Period
 250.00

contribution

B. Dr. Richard Gillett
Full Name (Last, First, Middle Initial)

Mailing Address 54 South 10th

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012

Transaction ID : SA11AI.17574

Amount of Each Receipt this Period
 100.00

contribution

C. Dr. Richard Gillett
Full Name (Last, First, Middle Initial)

Mailing Address 54 South 10th

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012

Transaction ID : SA11AI.17785

Amount of Each Receipt this Period
 100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 188
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Richard Gillett
Full Name (Last, First, Middle Initial)
Mailing Address 54 South 10th
City McAllen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employee Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 20 / 2012**
Transaction ID : SA11AI.18099
Amount of Each Receipt this Period **100.00**
contribution

B. Alvaro Giraldo
Full Name (Last, First, Middle Initial)
Mailing Address 106 W. Flamingo
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 26 / 2012**
Transaction ID : SA11AI.17575
Amount of Each Receipt this Period **100.00**
contribution

C. Alvaro Giraldo
Full Name (Last, First, Middle Initial)
Mailing Address 106 W. Flamingo
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 30 / 2012**
Transaction ID : SA11AI.17786
Amount of Each Receipt this Period **100.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **300.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18100

Amount of Each Receipt this Period
 100.00
 contribution

Full Name (Last, First, Middle Initial)
B. Ada Gonzalez

Mailing Address P.O. Box 9817

City alamo State TX Zip Code 78516

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11Al.17578

Amount of Each Receipt this Period
 75.00
 contribution

Full Name (Last, First, Middle Initial)
C. Ada Gonzalez

Mailing Address P.O. Box 9817

City alamo State TX Zip Code 78516

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17789

Amount of Each Receipt this Period
 75.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Ada Gonzalez		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.18107
Mailing Address P.O. Box 9817		Amount of Each Receipt this Period 75.00 contribution
City alamo	State TX	Zip Code 78516
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation private investor		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) B. Jaime Gonzalez		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11AI.17580
Mailing Address 3511 Plazas del Lago		Amount of Each Receipt this Period 250.00 contribution
City edenburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation private investor		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Jaime Gonzalez		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17791
Mailing Address 3511 Plazas del Lago		Amount of Each Receipt this Period 250.00 contribution
City edenburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation private investor		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 1250.00		

SUBTOTAL of Receipts This Page (optional).....▶	575.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Jaime Gonzalez
 Full Name (Last, First, Middle Initial)
 Mailing Address 3511 Plazas del Lago
 City State Zip Code
 edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed private investor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18111
 Amount of Each Receipt this Period
 250.00
 contribution

B. Juan Gonzalez-Dickson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 Meadwood
 City State Zip Code
 weslaco TX 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17581
 Amount of Each Receipt this Period
 250.00
 contribution

C. Juan Gonzalez-Dickson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 Meadwood
 City State Zip Code
 weslaco TX 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17792
 Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Juan Gonzalez-Dickson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 Meadwood
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18112
 Amount of Each Receipt this Period
 250.00
 contribution

B. Verley Gordon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 E. Mile 3 Road
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17582
 Amount of Each Receipt this Period
 250.00
 contribution

C. Verley Gordon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 E. Mile 3 Road
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1113.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17793
 Amount of Each Receipt this Period
 113.66
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 613.66
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Verley Gordon
Full Name (Last, First, Middle Initial)
Mailing Address 1700 E. Mile 3 Road

City mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1312.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11Al.18113

Amount of Each Receipt this Period

198.90

contribution

B. Enrique Griego
Full Name (Last, First, Middle Initial)
Mailing Address 905 Inspiratin Drive

City pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11Al.17583

Amount of Each Receipt this Period

400.00

contribution

C. Enrique Griego
Full Name (Last, First, Middle Initial)
Mailing Address 905 Inspiratin Drive

City pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11Al.17794

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	998.90
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Enrique Griego
 Full Name (Last, First, Middle Initial)
 Mailing Address 905 Inspiratin Drive
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18114
 Amount of Each Receipt this Period
 400.00
 contribution

B. Dr. Maria Ruby Guajardo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2603 Santa Laura
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17795
 Amount of Each Receipt this Period
 50.00
 contribution

c. Dr. Maria Ruby Guajardo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2603 Santa Laura
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18115
 Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Daniel Guerra
Full Name (Last, First, Middle Initial)
Mailing Address 101 S. Broadway

City Mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11Al.17585

Amount of Each Receipt this Period

100.00

contribution

B. Daniel Guerra
Full Name (Last, First, Middle Initial)
Mailing Address 101 S. Broadway

City Mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11Al.17796

Amount of Each Receipt this Period

100.00

contribution

C. Daniel Guerra
Full Name (Last, First, Middle Initial)
Mailing Address 101 S. Broadway

City Mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11Al.18116

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. John Guerra
Full Name (Last, First, Middle Initial)

Mailing Address 3105 Forest Court

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17586

Amount of Each Receipt this Period
 100.00
 contribution

B. John Guerra
Full Name (Last, First, Middle Initial)

Mailing Address 3105 Forest Court

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17798

Amount of Each Receipt this Period
 100.00
 contribution

C. John Guerra
Full Name (Last, First, Middle Initial)

Mailing Address 3105 Forest Court

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18117

Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Marcy Guerra		Date of Receipt
Mailing Address 13337 Borolo Drive		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
edinburg	TX	78541
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.17587
Name of Employer	Occupation	Amount of Each Receipt this Period
selfemployed	physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Marcy Guerra		Date of Receipt
Mailing Address 13337 Borolo Drive		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
edinburg	TX	78541
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.17799
Name of Employer	Occupation	Amount of Each Receipt this Period
selfemployed	physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Marcy Guerra		Date of Receipt
Mailing Address 13337 Borolo Drive		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
edinburg	TX	78541
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.18118
Name of Employer	Occupation	Amount of Each Receipt this Period
selfemployed	physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Rodolfo Guerrero
 Full Name (Last, First, Middle Initial)
 Mailing Address 1402 E. 8th Street
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **877.23**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11Al.17588
 Amount of Each Receipt this Period
 250.00
 contribution

B. Rodolfo Guerrero
 Full Name (Last, First, Middle Initial)
 Mailing Address 1402 E. 8th Street
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1127.23**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17800
 Amount of Each Receipt this Period
 250.00
 contribution

C. Rodolfo Guerrero
 Full Name (Last, First, Middle Initial)
 Mailing Address 1402 E. 8th Street
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1276.09**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18121
 Amount of Each Receipt this Period
 148.86
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **648.86**
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Alberto Gutierrez
 Full Name (Last, First, Middle Initial)
 Mailing Address 6020 Wisconsin
 City State Zip Code
 edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11Al.17589
 Amount of Each Receipt this Period
 250.00
 contribution

B. Alberto Gutierrez
 Full Name (Last, First, Middle Initial)
 Mailing Address 6020 Wisconsin
 City State Zip Code
 edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17801
 Amount of Each Receipt this Period
 250.00
 contribution

C. Alberto Gutierrez
 Full Name (Last, First, Middle Initial)
 Mailing Address 6020 Wisconsin
 City State Zip Code
 edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18123
 Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Marco Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 511 N. Depot Road

City State Zip Code
edinburg TX 78541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2012
Transaction ID : SA11AI.17590

Amount of Each Receipt this Period
400.00
contribution

B. Marco Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 511 N. Depot Road

City State Zip Code
edinburg TX 78541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2012
Transaction ID : SA11AI.17802

Amount of Each Receipt this Period
400.00
contribution

C. Marco Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 511 N. Depot Road

City State Zip Code
edinburg TX 78541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2012
Transaction ID : SA11AI.18124

Amount of Each Receipt this Period
400.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Miguel Gutierrez
Full Name (Last, First, Middle Initial)
Mailing Address 224 Lindberg

City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Date of Receipt
04 / 26 / 2012
Transaction ID : SA11AI.17591

Amount of Each Receipt this Period
250.00
contribution

B. Miguel Gutierrez
Full Name (Last, First, Middle Initial)
Mailing Address 224 Lindberg

City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Date of Receipt
05 / 30 / 2012
Transaction ID : SA11AI.17803

Amount of Each Receipt this Period
250.00
contribution

C. Miguel Gutierrez
Full Name (Last, First, Middle Initial)
Mailing Address 224 Lindberg

City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Date of Receipt
06 / 20 / 2012
Transaction ID : SA11AI.18125

Amount of Each Receipt this Period
250.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Eduardo Guzman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2308 Highway 83 suite f
 City Penitas State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 30 / 2012
Transaction ID : SA11Al.17804
 Amount of Each Receipt this Period 50.00
 contribution

B. Dr. Eduardo Guzman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2308 Highway 83 suite f
 City Penitas State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 20 / 2012
Transaction ID : SA11Al.18126
 Amount of Each Receipt this Period 50.00
 contribution

C. Victor Haddad
 Full Name (Last, First, Middle Initial)
 Mailing Address 4008 Burns Drive South
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 04 / 26 / 2012
Transaction ID : SA11Al.17593
 Amount of Each Receipt this Period 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Victor Haddad
Full Name (Last, First, Middle Initial)

Mailing Address 4008 Burns Drive South

City mcallen State TX Zip Code 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17805

Amount of Each Receipt this Period
 400.00
 contribution

B. Victor Haddad
Full Name (Last, First, Middle Initial)

Mailing Address 4008 Burns Drive South

City mcallen State TX Zip Code 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18127

Amount of Each Receipt this Period
 400.00
 contribution

c. Thomas Hausle
Full Name (Last, First, Middle Initial)

Mailing Address 701 South J

City McAllen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11Al.17594

Amount of Each Receipt this Period
 75.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Thomas Hausle
Full Name (Last, First, Middle Initial)
Mailing Address 701 South J

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11Al.17806

Amount of Each Receipt this Period

75.00

contribution

B. Thomas Hausle
Full Name (Last, First, Middle Initial)
Mailing Address 701 South J

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11Al.18128

Amount of Each Receipt this Period

75.00

contribution

C. Robert Helbing
Full Name (Last, First, Middle Initial)
Mailing Address 820 Tamarack

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation private investor
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11Al.17595

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Robert Helbing		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17807
Mailing Address 820 Tamarack		Amount of Each Receipt this Period 100.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Robert Helbing		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.18129
Mailing Address 820 Tamarack		Amount of Each Receipt this Period 100.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Ambrosio Hernandez		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11AI.17598
Mailing Address 2000 Dana		Amount of Each Receipt this Period 250.00 contribution
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Ambrosio Hernandez		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11Al.17810
Mailing Address 2000 Dana		Amount of Each Receipt this Period 250.00 contribution
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Ambrosio Hernandez		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11Al.18133
Mailing Address 2000 Dana		Amount of Each Receipt this Period 250.00 contribution
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Maximiliano Hernandez		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11Al.17599
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Maximiliano Hernandez
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Byron Nelson Drive
 #40 Villas Jardin
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 30 / 2012
Transaction ID : SA11Al.17811
 Amount of Each Receipt this Period 250.00
 contribution

B. Maximiliano Hernandez
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Byron Nelson Drive
 #40 Villas Jardin
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 20 / 2012
Transaction ID : SA11Al.18132
 Amount of Each Receipt this Period 250.00
 contribution

C. Maria Hoffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 802 Inspiration Road
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 26 / 2012
Transaction ID : SA11Al.17600
 Amount of Each Receipt this Period 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Maria Hoffman
Full Name (Last, First, Middle Initial)

Mailing Address 802 Inspiration Road

City pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11Al.17797

Amount of Each Receipt this Period

250.00

contribution

B. Maria Hoffman
Full Name (Last, First, Middle Initial)

Mailing Address 802 Inspiration Road

City pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11Al.18119

Amount of Each Receipt this Period

250.00

contribution

C. Dr. Jacobo Hohenstein
Full Name (Last, First, Middle Initial)

Mailing Address 800 East Dove suite L

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11Al.17601

Amount of Each Receipt this Period

200.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Jacobo Hohenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 East Dove suite L
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 30 / 2012**
Transaction ID : SA11AI.17812
 Amount of Each Receipt this Period **200.00**
 contribution

B. Dr. Jacobo Hohenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 East Dove suite L
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt **06 / 20 / 2012**
Transaction ID : SA11AI.18135
 Amount of Each Receipt this Period **200.00**
 contribution

C. Dr. Dynio Honrubia
 Full Name (Last, First, Middle Initial)
 Mailing Address 5600 North Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 30 / 2012**
Transaction ID : SA11AI.17815
 Amount of Each Receipt this Period **50.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **450.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Dynio Honrubia		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.18136
Mailing Address 5600 North Cynthia		Amount of Each Receipt this Period 50.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 300.00	
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Vincent Honrubia		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11AI.17603
Mailing Address 204 Rio Grande		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1000.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Vincent Honrubia		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17816
Mailing Address 204 Rio Grande		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1250.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Vincent Honrubia
Full Name (Last, First, Middle Initial)

Mailing Address 204 Rio Grande

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18137

Amount of Each Receipt this Period
 250.00
 contribution

B. Dr. Syed Husain
Full Name (Last, First, Middle Initial)

Mailing Address 7020 N. 1st

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11Al.17604

Amount of Each Receipt this Period
 100.00
 contribution

C. Dr. Syed Husain
Full Name (Last, First, Middle Initial)

Mailing Address 7020 N. 1st

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17817

Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Norma Iglesias
 Full Name (Last, First, Middle Initial)
 Mailing Address 712 S. Cage
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2400.00**

Date of Receipt **06 / 20 / 2012**
Transaction ID : SA11Al.18139
 Amount of Each Receipt this Period **400.00**
 contribution

B. Nelson Kalaf
 Full Name (Last, First, Middle Initial)
 Mailing Address 5401 N. 8th Street
 City mcAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 26 / 2012**
Transaction ID : SA11Al.17608
 Amount of Each Receipt this Period **250.00**
 contributon

C. Nelson Kalaf
 Full Name (Last, First, Middle Initial)
 Mailing Address 5401 N. 8th Street
 City mcAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **05 / 30 / 2012**
Transaction ID : SA11Al.17821
 Amount of Each Receipt this Period **250.00**
 contributon

SUBTOTAL of Receipts This Page (optional)..... **900.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Nelson Kalaf
 Full Name (Last, First, Middle Initial)
 Mailing Address 5401 N. 8th Street
 City mcAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 20 / 2012
Transaction ID : SA11Al.18144
 Amount of Each Receipt this Period 250.00
 contribution

B. Gauri Kanhere
 Full Name (Last, First, Middle Initial)
 Mailing Address 2548 Palm Circle
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 26 / 2012
Transaction ID : SA11Al.17609
 Amount of Each Receipt this Period 250.00
 contribution

C. Gauri Kanhere
 Full Name (Last, First, Middle Initial)
 Mailing Address 2548 Palm Circle
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 30 / 2012
Transaction ID : SA11Al.17822
 Amount of Each Receipt this Period 250.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Gauri Kanhere		Date of Receipt
Mailing Address 2548 Palm Circle		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
rio grande city	TX	78582
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
		contribution

Full Name (Last, First, Middle Initial) B. Gholam Kiani		Date of Receipt
Mailing Address 213 e. Xenops		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
mcallen	TX	78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
		contribution

Full Name (Last, First, Middle Initial) C. Gholam Kiani		Date of Receipt
Mailing Address 213 e. Xenops		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
mcallen	TX	78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1250.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
		contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gholam Kiani
Full Name (Last, First, Middle Initial)

Mailing Address 213 e. Xenops

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18151

Amount of Each Receipt this Period
 250.00
 contribution

B. Mary Elizabeth Klenz
Full Name (Last, First, Middle Initial)

Mailing Address 5111 N. 10th Street

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11Al.17612

Amount of Each Receipt this Period
 250.00
 contribution

C. Mary Elizabeth Klenz
Full Name (Last, First, Middle Initial)

Mailing Address 5111 N. 10th Street

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17825

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mary Elizabeth Klenz
Full Name (Last, First, Middle Initial)

Mailing Address 5111 N. 10th Street

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18152

Amount of Each Receipt this Period
 150.00
 contribution

B. Jorge Kutugata
Full Name (Last, First, Middle Initial)

Mailing Address Rt 2 Box 522-K

City weslaco State TX Zip Code 78596

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11Al.17613

Amount of Each Receipt this Period
 250.00
 contribution

C. Jorge Kutugata
Full Name (Last, First, Middle Initial)

Mailing Address Rt 2 Box 522-K

City weslaco State TX Zip Code 78596

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17826

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Jorge Kutugata		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11Al.18153
Mailing Address Rt 2 Box 522-K		Amount of Each Receipt this Period 250.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1500.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dale Linebarger		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11Al.17616
Mailing Address 901 West 9th Street #405		Amount of Each Receipt this Period 400.00 contribution
City austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1600.00	
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dale Linebarger		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11Al.17829
Mailing Address 901 West 9th Street #405		Amount of Each Receipt this Period 400.00 contribution
City austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2000.00	
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dale Linebarger
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 West 9th Street #405
 City austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. C
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 2400.00

Date of Receipt 06 / 20 / 2012
Transaction ID : SA11AI.18159
 Amount of Each Receipt this Period 400.00
 contribution

B. Ms Lisa Longoria
 Full Name (Last, First, Middle Initial)
 Mailing Address 716 South Excalibur Street
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. C
 Name of Employer self-employee Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 207.45

Date of Receipt 05 / 30 / 2012
Transaction ID : SA11AI.17830
 Amount of Each Receipt this Period 7.45
 contribution

C. Ms Lisa Longoria
 Full Name (Last, First, Middle Initial)
 Mailing Address 716 South Excalibur Street
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. C
 Name of Employer self-employee Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 257.45

Date of Receipt 06 / 20 / 2012
Transaction ID : SA11AI.18162
 Amount of Each Receipt this Period 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... 457.45
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Alfredo Lopez
Full Name (Last, First, Middle Initial)
Mailing Address 7609 N. 24th Circle

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11Al.17831

Amount of Each Receipt this Period

50.00

contribution

B. Alfredo Lopez
Full Name (Last, First, Middle Initial)
Mailing Address 7609 N. 24th Circle

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11Al.18163

Amount of Each Receipt this Period

100.00

contribution

C. Salil Mangi
Full Name (Last, First, Middle Initial)
Mailing Address 3801 Sundown Court East

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11Al.17621

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Salil Mangi		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17834
Mailing Address 3801 Sundown Court East		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1250.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Salil Mangi		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.18167
Mailing Address 3801 Sundown Court East		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1500.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Carlos Manrique		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11AI.17622
Mailing Address 116 Cardinal		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1600.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Carlos Manrique
Full Name (Last, First, Middle Initial)

Mailing Address 116 Cardinal

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17835

Amount of Each Receipt this Period
 400.00
 contribution

B. Carlos Manrique
Full Name (Last, First, Middle Initial)

Mailing Address 116 Cardinal

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18168

Amount of Each Receipt this Period
 400.00
 contribution

C. Agustin Martinez
Full Name (Last, First, Middle Initial)

Mailing Address 7603 N. 2nd Lane

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17623

Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Agustin Martinez
Full Name (Last, First, Middle Initial)
Mailing Address 7603 N. 2nd Lane

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11AI.17836

Amount of Each Receipt this Period

400.00

contribution

B. Agustin Martinez
Full Name (Last, First, Middle Initial)
Mailing Address 7603 N. 2nd Lane

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11AI.18169

Amount of Each Receipt this Period

400.00

contribution

C. Ricardo Martinez
Full Name (Last, First, Middle Initial)
Mailing Address 1903 W. Smith

City edenburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11AI.17624

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ricardo Martinez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1903 W. Smith
 City State Zip Code
 edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17837
 Amount of Each Receipt this Period
 250.00
 contribution

B. Ricardo Martinez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1903 W. Smith
 City State Zip Code
 edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18170
 Amount of Each Receipt this Period
 250.00
 contribution

C. Dr. Robert Martinez
 Full Name (Last, First, Middle Initial)
 Mailing Address 2809 Santa Lydia
 City State Zip Code
 Mission TX 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employee physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11Al.17625
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 100 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Robert Martinez		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17838
Mailing Address 2809 Santa Lydia		Amount of Each Receipt this Period 100.00 contribution
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert Martinez		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.18171
Mailing Address 2809 Santa Lydia		Amount of Each Receipt this Period 100.00 contribution
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Santos Martinez		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11AI.17626
Mailing Address 125 East Yucca		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Santos Martinez
Full Name (Last, First, Middle Initial)
Mailing Address 125 East Yucca

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation private investor
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1159.52

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11Al.17839

Amount of Each Receipt this Period

159.52

contribution

B. Santos Martinez
Full Name (Last, First, Middle Initial)
Mailing Address 125 East Yucca

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation private investor
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1409.52

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11Al.18172

Amount of Each Receipt this Period

250.00

contribution

C. Pedro McDougal
Full Name (Last, First, Middle Initial)
Mailing Address 1516 Iris

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11Al.17628

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	809.52
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Pedro McDougal		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 30 / 2012 Transaction ID : SA11Al.17841
Mailing Address 1516 Iris		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Pedro McDougal		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 20 / 2012 Transaction ID : SA11Al.18176
Mailing Address 1516 Iris		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

Full Name (Last, First, Middle Initial) C. Bertha Medina		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2012 Transaction ID : SA11Al.17630
Mailing Address 1300 1 1/2 Street		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Bertha Medina
Full Name (Last, First, Middle Initial)
Mailing Address 1300 1 1/2 Street

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11Al.17843

Amount of Each Receipt this Period

400.00

contribution

B. Bertha Medina
Full Name (Last, First, Middle Initial)
Mailing Address 1300 1 1/2 Street

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11Al.18179

Amount of Each Receipt this Period

400.00

contribution

C. Dr. Carlos Mego
Full Name (Last, First, Middle Initial)
Mailing Address 602 McColl Circle

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11Al.17631

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Carlos Mego
Full Name (Last, First, Middle Initial)
Mailing Address 602 McColl Circle

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11Al.17844

Amount of Each Receipt this Period

400.00

contribution

B. Dr. Carlos Mego
Full Name (Last, First, Middle Initial)
Mailing Address 602 McColl Circle

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11Al.18180

Amount of Each Receipt this Period

400.00

contribution

C. Manuel Mercado
Full Name (Last, First, Middle Initial)
Mailing Address 3002 Santa Susana

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11Al.17632

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Manuel Mercado

Mailing Address 3002 Santa Susana

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1243.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17845

Amount of Each Receipt this Period
 243.11
 contribution

Full Name (Last, First, Middle Initial)
B. Manuel Mercado

Mailing Address 3002 Santa Susana

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1493.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18188

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
C. Scott Meyer

Mailing Address 2100 School Lane

City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11Al.17633

Amount of Each Receipt this Period
 75.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 568.11

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 106 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Scott Meyer

Mailing Address 2100 School Lane

City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **316.41**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : SA11Al.17846

Amount of Each Receipt this Period
16.41

contribution

Full Name (Last, First, Middle Initial)
B. Scott Meyer

Mailing Address 2100 School Lane

City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **341.41**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : SA11Al.18189

Amount of Each Receipt this Period
25.00

contribution

Full Name (Last, First, Middle Initial)
C. Dr. Fausto Meza

Mailing Address 4914 Edinburg Road

City Edinburg State TX Zip Code 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **202.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : SA11Al.17847

Amount of Each Receipt this Period
2.98

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **44.39**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Fausto Meza
Full Name (Last, First, Middle Initial)
Mailing Address 4914 Edinburg Road

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11Al.18190

Amount of Each Receipt this Period

25.00

contribution

B. Dr. Emil Milano
Full Name (Last, First, Middle Initial)
Mailing Address 225 E. Cornell

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11Al.17635

Amount of Each Receipt this Period

100.00

contribution

C. Dr. Emil Milano
Full Name (Last, First, Middle Initial)
Mailing Address 225 E. Cornell

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11Al.17848

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Emil Milano
Full Name (Last, First, Middle Initial)

Mailing Address 225 E. Cornell

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18191

Amount of Each Receipt this Period
 100.00
 contribution

B. Carlos N Mohamed Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 2821 Michael Angelo

City Edinburg State TX Zip Code 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11Al.17636

Amount of Each Receipt this Period
 100.00
 contribution

C. Carlos N Mohamed Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 2821 Michael Angelo

City Edinburg State TX Zip Code 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17849

Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 109 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Carlos N Mohamed Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2821 Michael Angelo
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18192
 Amount of Each Receipt this Period
 100.00
 contribution

B. Dr. Armando Moncada
 Full Name (Last, First, Middle Initial)
 Mailing Address 1421 North 2nd Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11Al.17637
 Amount of Each Receipt this Period
 400.00
 contribution

C. Dr. Armando Moncada
 Full Name (Last, First, Middle Initial)
 Mailing Address 1421 North 2nd Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17850
 Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Armando Moncada
Full Name (Last, First, Middle Initial)
Mailing Address 1421 North 2nd Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11AI.18193

Amount of Each Receipt this Period

400.00

contribution

B. Carlos Morales
Full Name (Last, First, Middle Initial)
Mailing Address 3325 Kent Lane

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11AI.17638

Amount of Each Receipt this Period

400.00

contribution

C. Carlos Morales
Full Name (Last, First, Middle Initial)
Mailing Address 3325 Kent Lane

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11AI.17851

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 111 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Carlos Morales
 Full Name (Last, First, Middle Initial)
 Mailing Address 3325 Kent Lane
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18194
 Amount of Each Receipt this Period
 400.00
 contribution

B. Leonel Moreno
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 Woods Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17639
 Amount of Each Receipt this Period
 250.00
 contribution

C. Leonel Moreno
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 Woods Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17852
 Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Leonel Moreno		Date of Receipt
Mailing Address 1608 Woods Drive		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
mission	TX	78572
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Amount of Each Receipt this Period <input type="text" value="250.00"/>
		contribution

Full Name (Last, First, Middle Initial) B. Lauren Naylor		Date of Receipt
Mailing Address 3020 Melinda Drive		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Edinburg	TX	78539
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Amount of Each Receipt this Period <input type="text" value="50.00"/>
		contribution

Full Name (Last, First, Middle Initial) C. Lauren Naylor		Date of Receipt
Mailing Address 3020 Melinda Drive		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Edinburg	TX	78539
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Amount of Each Receipt this Period <input type="text" value="50.00"/>
		contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Victor Ogunlana
Full Name (Last, First, Middle Initial)

Mailing Address 2604 Santa Teresa

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation doctor
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17854

Amount of Each Receipt this Period
 50.00
 contribution

B. Dr. Victor Ogunlana
Full Name (Last, First, Middle Initial)

Mailing Address 2604 Santa Teresa

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation doctor
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18199

Amount of Each Receipt this Period
 50.00
 contribution

C. Dr. Noel Oliveira
Full Name (Last, First, Middle Initial)

Mailing Address 9917 Bentsen Road

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17642

Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Noel Oliveira
 Full Name (Last, First, Middle Initial)
 Mailing Address 9917 Bentsen Road
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17855
 Amount of Each Receipt this Period
 100.00
 contribution

B. Dr. Noel Oliveira
 Full Name (Last, First, Middle Initial)
 Mailing Address 9917 Bentsen Road
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18200
 Amount of Each Receipt this Period
 100.00
 contribution

C. Dr. Athanaji Orfanos
 Full Name (Last, First, Middle Initial)
 Mailing Address 3013 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17643
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 115 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Athanaji Orfanos
 Full Name (Last, First, Middle Initial)
 Mailing Address 3013 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17856
 Amount of Each Receipt this Period
 100.00
 contribution

B. Dr. Athanaji Orfanos
 Full Name (Last, First, Middle Initial)
 Mailing Address 3013 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18206
 Amount of Each Receipt this Period
 100.00
 contribution

C. Mr. Jose Ortega
 Full Name (Last, First, Middle Initial)
 Mailing Address 2504 Xanthisma
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17644
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mr. Jose Ortega
Full Name (Last, First, Middle Initial)
Mailing Address 2504 Xanthisma

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation private investor
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
407.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11AI.17857

Amount of Each Receipt this Period

7.45

contribution

B. Mr. Jose Ortega
Full Name (Last, First, Middle Initial)
Mailing Address 2504 Xanthisma

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation private investor
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11AI.18207

Amount of Each Receipt this Period

13.00

contribution

C. Armando Osio
Full Name (Last, First, Middle Initial)
Mailing Address 600 Tulip

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11AI.17645

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional).....	▶	270.45
TOTAL This Period (last page this line number only).....	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 117 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Armando Osio

Mailing Address 600 Tulip

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17858

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Armando Osio

Mailing Address 600 Tulip

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18209

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
C. Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employee private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17859

Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Carmen Osorio-Castillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Sebastian Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 20 / 2012**
Transaction ID : SA11Al.18210
 Amount of Each Receipt this Period **50.00**
 contribution

B. Fernando Otero
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 E. Quamasia #148
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 26 / 2012**
Transaction ID : SA11Al.17647
 Amount of Each Receipt this Period **250.00**
 contribution

C. Fernando Otero
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 E. Quamasia #148
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **05 / 30 / 2012**
Transaction ID : SA11Al.17860
 Amount of Each Receipt this Period **250.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **550.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Fernando Otero		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 20 / 2012 Transaction ID : SA11AI.18211
Mailing Address 121 E. Quamasia #148		Amount of Each Receipt this Period 250.00 contribution
City mcallen State TX Zip Code 78501	FEC ID number of contributing federal political committee. C	
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kip Owen		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2012 Transaction ID : SA11AI.17648
Mailing Address 2305 Red River		Amount of Each Receipt this Period 75.00 contribution
City mcallen State TX Zip Code 78572	FEC ID number of contributing federal political committee. C	
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kip Owen		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 30 / 2012 Transaction ID : SA11AI.17861
Mailing Address 2305 Red River		Amount of Each Receipt this Period 75.00 contribution
City mcallen State TX Zip Code 78572	FEC ID number of contributing federal political committee. C	
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date 375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 120 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Kip Owen

Mailing Address 2305 Red River

City State Zip Code
mcallen TX 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18212

Amount of Each Receipt this Period
 100.00
 contribution

Full Name (Last, First, Middle Initial)
B. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City State Zip Code
Edinburg TX 78540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17862

Amount of Each Receipt this Period
 50.00
 contribution

Full Name (Last, First, Middle Initial)
C. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City State Zip Code
Edinburg TX 78540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18214

Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Prakash Palimar
Full Name (Last, First, Middle Initial)
Mailing Address 121 Canary
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 26 / 2012**
Transaction ID : SA11AI.17650
Amount of Each Receipt this Period **250.00**
contribution

B. Prakash Palimar
Full Name (Last, First, Middle Initial)
Mailing Address 121 Canary
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1250.00**

Date of Receipt **05 / 30 / 2012**
Transaction ID : SA11AI.17863
Amount of Each Receipt this Period **250.00**
contribution

C. Prakash Palimar
Full Name (Last, First, Middle Initial)
Mailing Address 121 Canary
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1500.00**

Date of Receipt **06 / 20 / 2012**
Transaction ID : SA11AI.18215
Amount of Each Receipt this Period **250.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **750.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Guillermo Pechero
 Full Name (Last, First, Middle Initial)
 Mailing Address 2312 La Condesa
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11Al.17651
 Amount of Each Receipt this Period
 400.00
 contribution

B. Dr. Guillermo Pechero
 Full Name (Last, First, Middle Initial)
 Mailing Address 2312 La Condesa
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17864
 Amount of Each Receipt this Period
 400.00
 contribution

C. Dr. Guillermo Pechero
 Full Name (Last, First, Middle Initial)
 Mailing Address 2312 La Condesa
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18218
 Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ► 1050.00
TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Eduardo Peguero
Full Name (Last, First, Middle Initial)

Mailing Address P.O.Box 5959

City McAllen State TX Zip Code 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : SA11Al.17652

Amount of Each Receipt this Period
150.00
 contribution

B. Eduardo Peguero
Full Name (Last, First, Middle Initial)

Mailing Address P.O.Box 5959

City McAllen State TX Zip Code 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : SA11Al.17865

Amount of Each Receipt this Period
150.00
 contribution

C. Eduardo Peguero
Full Name (Last, First, Middle Initial)

Mailing Address P.O.Box 5959

City McAllen State TX Zip Code 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : SA11Al.18219

Amount of Each Receipt this Period
150.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Jose Pena
Full Name (Last, First, Middle Initial)
Mailing Address 100 Bluebird
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2000.00**

Date of Receipt **05 / 30 / 2012**
Transaction ID : SA11AI.17867
Amount of Each Receipt this Period **400.00**
contribution

B. Jose Pena
Full Name (Last, First, Middle Initial)
Mailing Address 100 Bluebird
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2400.00**

Date of Receipt **06 / 20 / 2012**
Transaction ID : SA11AI.18221
Amount of Each Receipt this Period **400.00**
contribution

C. Juan Pena
Full Name (Last, First, Middle Initial)
Mailing Address 905 S. Huisache Court
City pharr State TX Zip Code 78577
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1600.00**

Date of Receipt **04 / 26 / 2012**
Transaction ID : SA11AI.17655
Amount of Each Receipt this Period **400.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **1200.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 126 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Juan Pena
 Full Name (Last, First, Middle Initial)
 Mailing Address 905 S. Huisache Court
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **05 / 30 / 2012**
Transaction ID : SA11AI.17868
 Amount of Each Receipt this Period **400.00**
 contribution

B. Juan Pena
 Full Name (Last, First, Middle Initial)
 Mailing Address 905 S. Huisache Court
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2400.00**

Date of Receipt **06 / 20 / 2012**
Transaction ID : SA11AI.18222
 Amount of Each Receipt this Period **400.00**
 contribution

C. Dr. Nicholas Pereira
 Full Name (Last, First, Middle Initial)
 Mailing Address 7005 North Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **04 / 26 / 2012**
Transaction ID : SA11AI.17656
 Amount of Each Receipt this Period **150.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **950.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Nicholas Pereira
Full Name (Last, First, Middle Initial)
Mailing Address 7005 North Cynthia

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11Al.17869

Amount of Each Receipt this Period

150.00

contribution

B. Dr. Florencia Perez
Full Name (Last, First, Middle Initial)
Mailing Address 4600 Victoria

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
726.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11Al.17658

Amount of Each Receipt this Period

209.95

contribution

C. Dr. Florencia Perez
Full Name (Last, First, Middle Initial)
Mailing Address 4600 Victoria

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
796.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11Al.17871

Amount of Each Receipt this Period

69.99

contribution

SUBTOTAL of Receipts This Page (optional).....▶	429.94
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Florencia Perez		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.18226
Mailing Address 4600 Victoria		Amount of Each Receipt this Period 200.00 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation private investor		Aggregate Year-to-Date ▼ 996.10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Claudia Pierson		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11AI.17659
Mailing Address 6912 N. Peking		Amount of Each Receipt this Period 241.17 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 834.04
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Claudia Pierson		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17872
Mailing Address 6912 N. Peking		Amount of Each Receipt this Period 80.39 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 914.43
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	521.56
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Claudia Pierson
Full Name (Last, First, Middle Initial)

Mailing Address 6912 N. Peking

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1055.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18228

Amount of Each Receipt this Period
 140.68
 contribution

B. Sergio Preciado
Full Name (Last, First, Middle Initial)

Mailing Address 521 E. Bluebird

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17662

Amount of Each Receipt this Period
 250.00
 contribution

C. Sergio Preciado
Full Name (Last, First, Middle Initial)

Mailing Address 521 E. Bluebird

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1110.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17876

Amount of Each Receipt this Period
 110.50
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 501.18

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Sergio Preciado		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.18231
Mailing Address 521 E. Bluebird		Amount of Each Receipt this Period 193.38 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 1303.88
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sergio Ramirez		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11AI.17663
Mailing Address 1608 Woods Drive		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sergio Ramirez		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17877
Mailing Address 1608 Woods Drive		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 1250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	693.38
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 131 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Sergio Ramirez

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18232

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Gustavo Ramos

Mailing Address 1301 S. Perking

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physicaian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17664

Amount of Each Receipt this Period
 400.00
 contribution

Full Name (Last, First, Middle Initial)
C. Gustavo Ramos

Mailing Address 1301 S. Perking

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physicaian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17878

Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gustavo Ramos
Full Name (Last, First, Middle Initial)
Mailing Address 1301 S. Perking
City mcallen State TX Zip Code 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physcain
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
06 / 20 / 2012
Transaction ID : SA11AI.18235
Amount of Each Receipt this Period
400.00
contribution

B. Mr. Mario Rangel
Full Name (Last, First, Middle Initial)
Mailing Address 3213 Lance Lot Lane
City Edinburg State TX Zip Code 78539
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation private investor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 203.28

Date of Receipt
05 / 30 / 2012
Transaction ID : SA11AI.17880
Amount of Each Receipt this Period
3.28
contribution

c. Mr. Mario Rangel
Full Name (Last, First, Middle Initial)
Mailing Address 3213 Lance Lot Lane
City Edinburg State TX Zip Code 78539
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation private investor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 228.28

Date of Receipt
06 / 20 / 2012
Transaction ID : SA11AI.18237
Amount of Each Receipt this Period
25.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 428.28
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 133 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. R.V. Reddy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Southland Drive
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17668
 Amount of Each Receipt this Period
 125.00
 contribution

B. R.V. Reddy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Southland Drive
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17882
 Amount of Each Receipt this Period
 125.00
 contribution

C. R.V. Reddy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Southland Drive
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18239
 Amount of Each Receipt this Period
 125.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. William Restrepo
Full Name (Last, First, Middle Initial)
Mailing Address 1117 S. Cynthia

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Date of Receipt
04 / 26 / 2012
Transaction ID : SA11Al.17670

Amount of Each Receipt this Period
250.00
contribution

B. William Restrepo
Full Name (Last, First, Middle Initial)
Mailing Address 1117 S. Cynthia

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Date of Receipt
05 / 30 / 2012
Transaction ID : SA11Al.17884

Amount of Each Receipt this Period
250.00
contribution

C. William Restrepo
Full Name (Last, First, Middle Initial)
Mailing Address 1117 S. Cynthia

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Date of Receipt
06 / 20 / 2012
Transaction ID : SA11Al.18241

Amount of Each Receipt this Period
250.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Benjamin Robalino		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11Al.17673
Mailing Address 1217 S. Cynthia		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1000.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Benjamin Robalino		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11Al.17887
Mailing Address 1217 S. Cynthia		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1250.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Benjamin Robalino		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11Al.18244
Mailing Address 1217 S. Cynthia		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1500.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 137 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mr. Martin Rocha
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 662

City Santa Rosa	State TX	Zip Code 78593
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.85	

Date of Receipt
MM / DD / YYYY
05 / 30 / 2012
Transaction ID : SA11AI.17888

Amount of Each Receipt this Period
9.85
contribution

B. Mr. Martin Rocha
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 662

City Santa Rosa	State TX	Zip Code 78593
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.85	

Date of Receipt
MM / DD / YYYY
06 / 20 / 2012
Transaction ID : SA11AI.18245

Amount of Each Receipt this Period
50.00
contribution

C. Paulette Saca
Full Name (Last, First, Middle Initial)
Mailing Address 109 Condor

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
MM / DD / YYYY
04 / 26 / 2012
Transaction ID : SA11AI.17675

Amount of Each Receipt this Period
75.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶	134.85
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Paulette Saca		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17889
Mailing Address 109 Condor		Amount of Each Receipt this Period 75.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Paulette Saca		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.18249
Mailing Address 109 Condor		Amount of Each Receipt this Period 75.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Javier Saenz		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11AI.17676
Mailing Address 2308 Monaco Drive		Amount of Each Receipt this Period 400.00 contribution
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Javier Saenz
Full Name (Last, First, Middle Initial)

Mailing Address 2308 Monaco Drive

City mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		30		2012

Transaction ID : SA11Al.17890

Amount of Each Receipt this Period

400.00

contribution

B. Javier Saenz
Full Name (Last, First, Middle Initial)

Mailing Address 2308 Monaco Drive

City mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2012

Transaction ID : SA11Al.18250

Amount of Each Receipt this Period

400.00

contribution

C. JJ Saenz
Full Name (Last, First, Middle Initial)

Mailing Address 2400 S.E. Augusta Square

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2012

Transaction ID : SA11Al.17677

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. JJ Saenz
Full Name (Last, First, Middle Initial)
Mailing Address 2400 S.E. Augusta Square

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11AI.17891

Amount of Each Receipt this Period

250.00

contribution

B. JJ Saenz
Full Name (Last, First, Middle Initial)
Mailing Address 2400 S.E. Augusta Square

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11AI.18251

Amount of Each Receipt this Period

250.00

contribution

C. Larry Safir
Full Name (Last, First, Middle Initial)
Mailing Address 3300 S. 2nd suite 10

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation private investor
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11AI.17678

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 141 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City mcallen State TX Zip Code 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17892

Amount of Each Receipt this Period
 400.00
 contribution

Full Name (Last, First, Middle Initial)
B. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City mcallen State TX Zip Code 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18252

Amount of Each Receipt this Period
 400.00
 contribution

Full Name (Last, First, Middle Initial)
C. Juan Salazar

Mailing Address 801 E Nolana Loop

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17679

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Juan Salazar
Full Name (Last, First, Middle Initial)

Mailing Address 801 E Nolana Loop

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17893

Amount of Each Receipt this Period
 250.00
 contribution

B. Juan Salazar
Full Name (Last, First, Middle Initial)

Mailing Address 801 E Nolana Loop

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18253

Amount of Each Receipt this Period
 250.00
 contribution

C. Elisa Garza Sanchez
Full Name (Last, First, Middle Initial)

Mailing Address 3509 N. Glasscock

City Mission State TX Zip Code 78574

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17680

Amount of Each Receipt this Period
 125.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶ 625.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Elisa Garza Sanchez
Full Name (Last, First, Middle Initial)

Mailing Address 3509
N. Glasscock

City Mission State TX Zip Code 78574

FEC ID number of contributing federal political committee. **C**

Name of Employer
Self employed

Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
05 / 30 / 2012
Transaction ID : SA11AI.17894

Amount of Each Receipt this Period
125.00
contribution

B. Elisa Garza Sanchez
Full Name (Last, First, Middle Initial)

Mailing Address 3509
N. Glasscock

City Mission State TX Zip Code 78574

FEC ID number of contributing federal political committee. **C**

Name of Employer
Self employed

Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
06 / 20 / 2012
Transaction ID : SA11AI.18256

Amount of Each Receipt this Period
125.00
contribution

C. Mr. Victor Sanchez
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1868

City McAllen State TX Zip Code 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer
selfemployed

Occupation
private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 26 / 2012
Transaction ID : SA11AI.17681

Amount of Each Receipt this Period
250.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 144 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mr. Victor Sanchez
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1868

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11Al.17895

Amount of Each Receipt this Period

250.00

contribution

B. Mr. Victor Sanchez
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1868

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11Al.18258

Amount of Each Receipt this Period

250.00

contribution

C. Michael Seiba
Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 4556

City mcallen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : SA11Al.17683

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Michael Seiba		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11AI.17897
Mailing Address P. O. Box 4556		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Michael Seiba		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.18261
Mailing Address P. O. Box 4556		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Dr. Samuel Serna		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11AI.17684
Mailing Address 125 E. Cornell		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 146 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Samuel Serna
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 E. Cornell
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employee physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17898
 Amount of Each Receipt this Period
 100.00
 contribution

B. Dr. Samuel Serna
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 E. Cornell
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employee physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18262
 Amount of Each Receipt this Period
 100.00
 contribution

C. Tawhid Shuaib
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 Burns Drive
 City State Zip Code
 mcallen TX 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17685
 Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Tawhid Shuaib
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Burns Drive

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11AI.17899

Amount of Each Receipt this Period

400.00

contribution

B. Tawhid Shuaib
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Burns Drive

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11AI.18263

Amount of Each Receipt this Period

400.00

contribution

C. Dennis Slavin
Full Name (Last, First, Middle Initial)
Mailing Address 1501 S. Oklahoma

City weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : SA11AI.17900

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Joel Solis
Full Name (Last, First, Middle Initial)

Mailing Address 405 E. Avocet

City Mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **683.31**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : SA11Al.18267

Amount of Each Receipt this Period
150.00

contribution

B. Dr. Hector Soto
Full Name (Last, First, Middle Initial)

Mailing Address 101 South Greenbriar

City McAllen State TX Zip Code 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : SA11Al.17689

Amount of Each Receipt this Period
400.00

contribution

C. Dr. Hector Soto
Full Name (Last, First, Middle Initial)

Mailing Address 101 South Greenbriar

City McAllen State TX Zip Code 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : SA11Al.17903

Amount of Each Receipt this Period
400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **950.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Hector Soto
Full Name (Last, First, Middle Initial)

Mailing Address 101 South Greenbriar

City McAllen State TX Zip Code 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18268

Amount of Each Receipt this Period
 400.00
 contribution

B. Alejandro Tey
Full Name (Last, First, Middle Initial)

Mailing Address 3012 Laurie Lane

City Edinburg State TX Zip Code 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11Al.17692

Amount of Each Receipt this Period
 250.00
 contribution

C. Alejandro Tey
Full Name (Last, First, Middle Initial)

Mailing Address 3012 Laurie Lane

City Edinburg State TX Zip Code 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17906

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 151 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Alejandro Tey		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11Al.18276
Mailing Address 3012 Laurie Lane		Amount of Each Receipt this Period 250.00 contribution
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Name of Employer Self employed	
Occupation physician		Aggregate Year-to-Date 1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jose Trejo		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11Al.17693
Mailing Address 112 S. Broadway		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation private investor		Aggregate Year-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jose Trejo		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11Al.17907
Mailing Address 112 S. Broadway		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation private investor		Aggregate Year-to-Date 1250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Jose Trejo		Date of Receipt
Mailing Address 112 S. Broadway		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
mcallen	TX	78501
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	
		Transaction ID : SA11Al.18277
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
		contribution

Full Name (Last, First, Middle Initial) B. Dr. Krishna Turlapati		Date of Receipt
Mailing Address 9123 1st Street		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
McAllen	TX	78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	
		Transaction ID : SA11Al.17695
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
		contribution

Full Name (Last, First, Middle Initial) C. Dr. Krishna Turlapati		Date of Receipt
Mailing Address 9123 1st Street		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
McAllen	TX	78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Transaction ID : SA11Al.17909
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
		contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : SA11Al.18279

Amount of Each Receipt this Period
100.00

contribution

Full Name (Last, First, Middle Initial)
B. Susan Turley

Mailing Address 312 Thunderbird

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : SA11Al.17696

Amount of Each Receipt this Period
250.00

contribution

Full Name (Last, First, Middle Initial)
C. Susan Turley

Mailing Address 312 Thunderbird

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1211.95**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : SA11Al.17910

Amount of Each Receipt this Period
211.95

contribution

SUBTOTAL of Receipts This Page (optional).....▶	561.95
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Susan Turley
Full Name (Last, First, Middle Initial)

Mailing Address 312 Thunderbird

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1461.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18280

Amount of Each Receipt this Period
 250.00
 contribution

B. Marcel Twahirwa
Full Name (Last, First, Middle Initial)

Mailing Address 2403 El Encino Drive

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11Al.17697

Amount of Each Receipt this Period
 250.00
 contribution

C. Marcel Twahirwa
Full Name (Last, First, Middle Initial)

Mailing Address 2403 El Encino Drive

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17911

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Marcel Twahirwa
Full Name (Last, First, Middle Initial)

Mailing Address 2403 El Encino Drive

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18281

Amount of Each Receipt this Period
 250.00
 contribution

B. Dr. Theresa Valladares
Full Name (Last, First, Middle Initial)

Mailing Address 2302 Red River Drive

City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17698

Amount of Each Receipt this Period
 100.00
 contribution

C. Dr. Theresa Valladares
Full Name (Last, First, Middle Initial)

Mailing Address 2302 Red River Drive

City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17912

Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Theresa Valladares
 Full Name (Last, First, Middle Initial)
 Mailing Address 2302 Red River Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 20 / 2012**
Transaction ID : SA11AI.18283
 Amount of Each Receipt this Period **100.00**
 contribution

B. Jose Vasquez
 Full Name (Last, First, Middle Initial)
 Mailing Address 2548 Palm Circle
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 26 / 2012**
Transaction ID : SA11AI.17610
 Amount of Each Receipt this Period **250.00**
 contribution

C. Jose Vasquez
 Full Name (Last, First, Middle Initial)
 Mailing Address 2548 Palm Circle
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **05 / 30 / 2012**
Transaction ID : SA11AI.17823
 Amount of Each Receipt this Period **250.00**
 contribution

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Jose Vasquez		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11Al.18146
Mailing Address 2548 Palm Circle		Amount of Each Receipt this Period 250.00 contribution
City rio grande city	State TX	Zip Code 78582
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date 1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Efraim Vela		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 Transaction ID : SA11Al.17699
Mailing Address 100 E. Ridge Road #B		Amount of Each Receipt this Period 250.00 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Efraim Vela		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 Transaction ID : SA11Al.17913
Mailing Address 100 E. Ridge Road #B		Amount of Each Receipt this Period 154.87 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date 1154.87
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	654.87
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Efraim Vela
Full Name (Last, First, Middle Initial)
Mailing Address 100 E. Ridge Road #B
City McAllen State TX Zip Code 78503
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1404.87

Date of Receipt 06 / 21 / 2012
Transaction ID : SA11Al.18286
Amount of Each Receipt this Period 250.00
contribution

B. Ramiro Verdoreen
Full Name (Last, First, Middle Initial)
Mailing Address 301 E. Newport
City mcallen State TX Zip Code 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 04 / 26 / 2012
Transaction ID : SA11Al.17700
Amount of Each Receipt this Period 400.00
contribution

C. Ramiro Verdoreen
Full Name (Last, First, Middle Initial)
Mailing Address 301 E. Newport
City mcallen State TX Zip Code 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 30 / 2012
Transaction ID : SA11Al.17914
Amount of Each Receipt this Period 400.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶ 1050.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ramiro Verdoreen
Full Name (Last, First, Middle Initial)

Mailing Address 301 E. Newport

City mcallen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18288

Amount of Each Receipt this Period
 400.00
 contribution

B. Carlos Villalta
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1632

City mission State TX Zip Code 78573

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11Al.17701

Amount of Each Receipt this Period
 125.00
 contribution

C. Carlos Villalta
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1632

City mission State TX Zip Code 78573

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17915

Amount of Each Receipt this Period
 125.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 160 OF 188
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Carlos Villalta

Mailing Address P. O. Box 1632

City mission State TX Zip Code 78573

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : SA11Al.18290

Amount of Each Receipt this Period
125.00

contribution

Full Name (Last, First, Middle Initial)
B. Rita Villanueva

Mailing Address 801 E. Nolana Suite 4

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.09**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : SA11Al.17702

Amount of Each Receipt this Period
147.50

contribution

Full Name (Last, First, Middle Initial)
C. Rita Villanueva

Mailing Address 801 E. Nolana Suite 4

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **534.26**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : SA11Al.17916

Amount of Each Receipt this Period
24.17

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **296.67**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Rita Villanueva
Full Name (Last, First, Middle Initial)

Mailing Address 801 E. Nolana
Suite 4

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
620.30

Date of Receipt
06 / 20 / 2012
Transaction ID : SA11AI.18291

Amount of Each Receipt this Period
86.04
contribution

B. Victor Villarreal
Full Name (Last, First, Middle Initial)

Mailing Address 901 W. Moore

City pharr State TX Zip Code 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
417.02

Date of Receipt
04 / 26 / 2012
Transaction ID : SA11AI.17703

Amount of Each Receipt this Period
120.58
contribution

C. Victor Villarreal
Full Name (Last, First, Middle Initial)

Mailing Address 901 W. Moore

City pharr State TX Zip Code 78577

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
457.21

Date of Receipt
05 / 30 / 2012
Transaction ID : SA11AI.17917

Amount of Each Receipt this Period
40.19
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 246.81

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 162 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Victor Villarreal
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 W. Moore
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. C
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 527.55

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18292
 Amount of Each Receipt this Period
 70.34
 contribution

B. Roger Vitko
 Full Name (Last, First, Middle Initial)
 Mailing Address 1017 south 1st
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. C
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17704
 Amount of Each Receipt this Period
 150.00
 contribution

C. Roger Vitko
 Full Name (Last, First, Middle Initial)
 Mailing Address 1017 south 1st
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. C
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17918
 Amount of Each Receipt this Period
 150.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶ 370.34
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Roger Vitko

Mailing Address 1017 south 1st

City mcallen State TX Zip Code 78502

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : SA11AI.18293

Amount of Each Receipt this Period
150.00

contribution

Full Name (Last, First, Middle Initial)
B. Raymond Walker

Mailing Address 1117 Shallow apt 4

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : SA11AI.17705

Amount of Each Receipt this Period
250.00

contribution

Full Name (Last, First, Middle Initial)
C. Raymond Walker

Mailing Address 1117 Shallow apt 4

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : SA11AI.17919

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **650.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Raymond Walker
Full Name (Last, First, Middle Initial)

Mailing Address 1117 Shallow apt 4

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18294

Amount of Each Receipt this Period
 250.00
 contribution

B. James Webb
Full Name (Last, First, Middle Initial)

Mailing Address 312 Redbud

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17706

Amount of Each Receipt this Period
 133.28
 contribution

C. James Webb
Full Name (Last, First, Middle Initial)

Mailing Address 312 Redbud

City mcallen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 505.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17920

Amount of Each Receipt this Period
 44.43
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 427.71

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 165 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. James Webb

Mailing Address 312 Redbud

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
605.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18295

Amount of Each Receipt this Period
 100.00
 contribution

Full Name (Last, First, Middle Initial)
B. Patrick Wilcox

Mailing Address 111 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11Al.17707

Amount of Each Receipt this Period
 100.00
 contribution

Full Name (Last, First, Middle Initial)
C. Patrick Wilcox

Mailing Address 111 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17921

Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Patrick Wilcox
Full Name (Last, First, Middle Initial)

Mailing Address 111 Rio Grande

City mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18296

Amount of Each Receipt this Period
 100.00
 contribution

B. Subbarao Yarra
Full Name (Last, First, Middle Initial)

Mailing Address 6905 N. Cynthia

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11Al.17708

Amount of Each Receipt this Period
 200.00
 contribution

C. Subbarao Yarra
Full Name (Last, First, Middle Initial)

Mailing Address 6905 N. Cynthia

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17922

Amount of Each Receipt this Period
 200.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Subbarao Yarra		Date of Receipt
Mailing Address 6905 N. Cynthia		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18300
Name of Employer Self-employed		Amount of Each Receipt this Period <input type="text" value="400.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1400.00"/>

Full Name (Last, First, Middle Initial) B. Dr. Christopher Zaleski		Date of Receipt
Mailing Address 6804 N. 1st		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.17709
Name of Employer selfemployed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) c. Dr. Christopher Zaleski		Date of Receipt
Mailing Address 6804 N. 1st		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.17923
Name of Employer selfemployed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1250.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 168 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Christopher Zaleski
 Full Name (Last, First, Middle Initial)
 Mailing Address 6804 N. 1st
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.18301
 Amount of Each Receipt this Period
 250.00
 contribution

B. Hugo Zapata
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 Xenops
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.17710
 Amount of Each Receipt this Period
 400.00
 contribution

c. Hugo Zapata
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 Xenops
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11AI.17924
 Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 169 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11Al.18302

Amount of Each Receipt this Period
 400.00
 contribution

Full Name (Last, First, Middle Initial)
B. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11Al.17712

Amount of Each Receipt this Period
 75.00
 contribution

Full Name (Last, First, Middle Initial)
C. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : SA11Al.17926

Amount of Each Receipt this Period
 75.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 170 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City Edinburg State TX Zip Code 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : SA11Al.18304

Amount of Each Receipt this Period
 75.00
 contribution

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	105174.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.18316

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.18319

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.18330

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Eliza Alvardo

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.18335

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ms Eliza Alvardo

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.18342

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ms Eliza Alvardo

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.18349

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. ATT

Mailing Address P.O. Box 930170

City Dallas State TX Zip Code 75393

Purpose of Disbursement
land lines expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2012

Transaction ID : SB21B.18324

Amount of Each Disbursement this Period

254.14

Full Name (Last, First, Middle Initial)

B. ATT

Mailing Address P.O. Box 930170

City Dallas State TX Zip Code 75393

Purpose of Disbursement
land line expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2012

Transaction ID : SB21B.18343

Amount of Each Disbursement this Period

252.14

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2012

Transaction ID : SB21B.18314

Amount of Each Disbursement this Period

855.87

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1362.15

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.18317

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.18327

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.18333

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.18339

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.18345

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.18352

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. JOSE M HERNANDEZ

Mailing Address PO BOX 1667

City: MODESTO State: CA Zip Code: 95353

Purpose of Disbursement: contribution

Candidate Name: **JOSE M HERNANDEZ**

Office Sought: House Senate President
State: CA District: 10

Disbursement For: 2012
 Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	2

Transaction ID : **SB21B.18338**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Internal Revenue Services

Mailing Address 324 25th Street

City: Odgen State: UT Zip Code: 84401

Purpose of Disbursement: quarterly tax deposits - IRS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	2

Transaction ID : **SB21B.18320**

Amount of Each Disbursement this Period

8	0	9	0	9	5				
---	---	---	---	---	---	--	--	--	--

Full Name (Last, First, Middle Initial)

C. Internal Revenue Services

Mailing Address 324 25th Street

City: Odgen State: UT Zip Code: 84401

Purpose of Disbursement: quarterly tax deposits - IRS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	2

Transaction ID : **SB21B.18341**

Amount of Each Disbursement this Period

7	1	3	2	3	4				
---	---	---	---	---	---	--	--	--	--

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2	0	2	2	3	4	4			
---	---	---	---	---	---	---	--	--	--

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.18315

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.18318

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.18328

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services = salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2012

Transaction ID : SB21B.18329

Amount of Each Disbursement this Period

1395.61

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2012

Transaction ID : SB21B.18334

Amount of Each Disbursement this Period

1395.60

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2012

Transaction ID : SB21B.18340

Amount of Each Disbursement this Period

1395.61

SUBTOTAL of Disbursements This Page (optional)..... ▶

4186.82

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.18346

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.18353

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Long Chilton LLP

Mailing Address 4100 N. 23rd

City McAllen State TX Zip Code 78504

Purpose of Disbursement
paysmart payroll services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.18344

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sprint

Mailing Address P.O. Box 8077

City London State KY Zip Code 40742

Purpose of Disbursement
phone service expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.18321

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. BERG FOR SENATE

Mailing Address PO BOX 9394

City FARGO State ND Zip Code 58106

Purpose of Disbursement contribution

011

Candidate Name

BERG FOR SENATE

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: ND District: 00

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2012

Transaction ID : SB23.18347

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BERG FOR SENATE

Mailing Address PO BOX 9394

City FARGO State ND Zip Code 58106

Purpose of Disbursement contribution

011

Candidate Name

BERG FOR SENATE

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: ND District: 00

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2012

Transaction ID : SB23.18350

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DAVID H DEWHURST

Mailing Address 1210 SAN ANTONIO STREET SUITE 700

City AUSTIN State TX Zip Code 78767

Purpose of Disbursement contribution for special runoff

011

Candidate Name

DAVID H DEWHURST

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼
Special-Primary

State: TX District: 00

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2012

Transaction ID : SB23.18354

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

15000.00

TOTAL This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.18354

Input name error on contribution of 06.22.2012 (\$5K) reflecting Demonicratic Senate Congressional Committee; should have reflected David Dewhurst for Texas. The aforementioned individual/organizations events are nest to other by line item. Input error on name.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. JOSE M HERNANDEZ

Mailing Address PO BOX 1667

City State Zip Code
MODESTO CA 95353

Purpose of Disbursement
contribution

011

Candidate Name

JOSE M HERNANDEZ

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 10

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2012

Transaction ID : SB23.18336

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MICA FOR CONGRESS

Mailing Address P. O. BOX 181546

City State Zip Code
CASSELBERRY FL 32718

Purpose of Disbursement
contribution

011

Candidate Name

MICA FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 07

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2012

Transaction ID : SB23.18312

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MICA FOR CONGRESS

Mailing Address P. O. BOX 181546

City State Zip Code
CASSELBERRY FL 32718

Purpose of Disbursement
contribution

011

Candidate Name

MICA FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 07

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2012

Transaction ID : SB23.18313

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

15000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. RAUL DR RUIZ

Mailing Address 73373 COUNTRY CLUB DRIVE #1904

City PALM DESERT State CA Zip Code 92260

Purpose of Disbursement contribution

011

Candidate Name

RAUL DR RUIZ

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2012

Transaction ID : SB23.18332

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. RAUL DR RUIZ

Mailing Address 73373 COUNTRY CLUB DRIVE #1904

City PALM DESERT State CA Zip Code 92260

Purpose of Disbursement contribution

011

Candidate Name

RAUL DR RUIZ

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2012

Transaction ID : SB23.18337

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. TEXAS CONSERVATIVES FUND

Mailing Address 815-A BRAZOS STREET #575

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement contribution

011

Candidate Name

TEXAS CONSERVATIVES FUND

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2012

Transaction ID : SB23.18351

Amount of Each Disbursement this Period

100000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

110000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. MARC ALLISON VEASEY

Mailing Address PO BOX 50084

City State Zip Code
FORT WORTH TX 76105

Purpose of Disbursement
contribution

011

Candidate Name

MARC ALLISON VEASEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 33

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : SB23.18325

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

145000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Basilica of Our Lady of San Juan Del Valle

Date of Disbursement

Mailing Address P.O.Box 747

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2012

City San Juan State TX Zip Code 78589

Transaction ID : SB29.18359

Purpose of Disbursement
donation to church

012
Category/ Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

5000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 187 OF 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AC Rentals	Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673	
City State Zip Code McAllen TX 78502	

Outstanding Balance Beginning This Period 900.00	Transaction ID : SD10.9553	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AC Rentals	Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673	
City State Zip Code McAllen TX 78502	

Outstanding Balance Beginning This Period 900.00	Transaction ID : SD10.10053	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	1800.00
2) TOTALS This Period (last page this line number only)..... ▶	1800.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	1800.00

: 97 `A-G79 @ @ B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.9553

rent expenditure for office for 1st quarter of 2009 incurred but not paid.

Form/Schedule: SD10

Transaction ID: SD10.10053

rent expenditure for office for 1st quarter of 2009 incurred but not paid.